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TWO POST-MORTEMS.

BY JOHN FEARN, M. D., OAKLAND, CAL.

SOMETIMES a physician is called to see a patient who has been taken suddenly and seriously sick; he arrives and finds the patient perhaps dead; or at least unconscious, and therefore not able to give any history of trouble. At these times, unless there is a history of violence with its tell-tale signs, or a history of poisons having been taken either by accident or with suicidal intentions, it is exceedingly difficult to even approximate the cause of death. Under these circumstances we have recourse to a *post-mortem* or after-death examination, and it is really remarkable how these examinations upset the theories of even experts. And if these examinations were held more frequently, and the cause of death given accordingly, it would work a considerable change in the tabulated causes of death. Some eleven years ago a man was fished out of the water and his body given over to one of the medical colleges in the East. The body, that of a man of more than ordinarily large proportions, was placed upon the table before a class of medical students; there were no external marks of violence ex-

cept a few slight abrasions which seemed to be due to coming in contact with obstacles as the body was carried down the stream. I was present when the professor, a man of large experience, made a critical examination of the body, and declared that the man had met with his death by drowning. He gave the signs and evidences of death from this cause, and then proceeded to demonstrate the truth of his remarks, but there was no evidence, according to the books, of death by drowning. Leaving the chest, the professor turned his attention to the brain. After removing the upper portion of the cranium the brain was lifted from its resting-place, and, to the surprise of all, a very large and firm clot was discovered in the left hemisphere. This examination indicated that the man had first received a blow on the head which had killed him. His body had afterwards been thrown in the water to lead to the supposition that the man had been drowned instead of being the victim of foul play—for it seems to me impossible that such a clot could have been formed in the brain after death—as it would have to be if we conclude the cause of death to have been simply drowning.

About 9 P. M., April 14, 1888, I was called hastily to see a man who was represented to be very sick. I arrived there in about five minutes and found a man about sixty stretched on his bed already dead. He had been, as a man, a free liver. That afternoon and evening he had taken two or three drinks of brandy, nothing to interfere with his business; for two or three hours that evening he had suffered with his head, but his friends declared he was perfectly conscious. They persuaded him to lie down, thinking he would feel better, but his pulse began to fail till it became a flicker, when they sent for me. From what I saw and from what his friends told me, I came to the conclusion it was a case of heart failure. Another physician who called in while I was there agreed with me. The next day, assisted by Dr. Boughton, I performed a *post-mortem* examination. The lungs were filled with venous blood, not aerated. This we expected on account of cardiac feebleness. The liver was in better condition than we expected to find it, although it showed a decided tendency to fatty degeneration. The heart, where we ex-

pected to find at least fatty degeneration, was remarkably healthy, its walls firm. The only trouble here was an abnormal amount of serum in the pericardium, though not near sufficient to warrant calling it a case of hydropericardium.

We now felt sure the trouble would be found in the brain. The upper portion of the cranium was removed, also *dura-mater*, when the brain was found to be very much congested. Such was the pressure that while removing the *dura-mater*, a little extension was made on that membrane, and the serum escaped in a jet with considerable force. On removing the brain two considerable clots were found, and this, of course, was the cause of death. Instead of heart failure the certificate of death read, "Cerebral apoplexy." According to the history of the case and the *anti-mortem* condition of this man, there were absent in this case some of the most usual symptoms of apoplexy. Of course in a case of sudden death like this friends become very much demoralized. Their statements are apt to be a little wild, and the physician must be on his guard against such statements. But in this case, one of the parties was a man who had studied medicine himself, the son of a physician. He had complied with the law admitting to practice in everything besides graduation. His description was very plain and clearly pointed to heart wrong, and nothing but a *post-mortem* would have cleared up the case. There is on the part of many people a serious objection to *post-mortems* on their friends. If the examination is conducted with care and propriety there ought to be no serious objection to them. And certainly the light they throw on obscure cases is very valuable.

WHAT DOES HE MEAN?

BY GEO. P. BISSELL, M. D.

In the April JOURNAL is a letter from Alexander Wilder, in relation to small-pox and vaccination.

Dr. Wilder takes ground that there is relationship between small-pox and other exanthematous diseases, which I believe to be true, as my paper published in the February number of your

JOURNAL, current year, suggests; but who is able to prove it? Dr. Wilder also declares his belief that the exanthemata originate *de novo*, which I also believe, but who is the Newton that will prove that?

The point where his meaning seems obscure is where he says he agrees with Dr. Fearn, that the dangerous forms of small-pox are due to the patient's condition, and not to the contagion more or less intensified. What does that mean? The language is plain enough, but the logic of the sentence staggers me so much that I cannot believe that so intelligent a man as he evidently is, has expressed his true meaning. Evidently he would not wish to be understood as saying that the concentrated poison of the Black Hole of Calcutta, for example, is no more deadly than the diluted poison of one of those same men, when received from him by a third party, after he had been removed to the open air, and washed, and fumigated: for such logic would directly traverse his argument in the very same paragraph, of the utility of ventilation. Then what does he mean? Besides, if the danger is only from condition of the patient, if that means only that when the patient is very sick he is in danger, it has chopped up all the greater logic of the premises. And it seems to me that if the condition of the individual is all that is to be taken into account, as regards danger, it would be the strongest argument in favor of vaccination: for how is one to know beforehand whether his condition will be favorable, or otherwise?

In regard to the dispute between the vaccinationists and anti-vaccinationists, this may be said, without taking ground on either side: For two hundred years the ravages of small-pox in Europe have been greatly stayed through vaccination, so that one rarely sees the helplessly blind, caused by the disease, which history tells about of other days. This surely is a great good, to say nothing of the marring of beauty which was common.

On the other hand, the opposers of vaccination allege that skin diseases are often introduced through vaccination; but it seems to me that the allegation lacks the one essential quality of proof; as also their declaration that through the same cause is the health often broken down. In both these points it seems that

their zeal exaggerates their language, and outruns the discretion of facts. Eczema may be latent in the system, and by vaccination hurried to show itself without being the effect of vaccination. But one cannot hold that doubt of some of the effects of vaccination, lately performed in this neighborhood, where the arm has greatly swollen, and in several instances sloughed down to the periosteum.

If those who oppose vaccination would take lower and surer grounds, they would make greater headway in appealing to the reason and intelligence of the profession and community. Every generation acts up to the highest light which it discerns. In the ages past vaccination may have been the best instrument to stay the ravages of small-pox; but it does not follow that it is so now, with our better knowledge of *materia medica*, therapeutics and sanitation.

In view of the light and knowledge of the present, this whole subject should be calmly reviewed. We certainly do know more about hygiene, and physiology, and therapeutics than has been heretofore known. No one but a fossil will to-day exclude fresh air from the sick-room. Yet, formerly, that was the rule in some diseases. Witness the fading out of hospital gangrene, from greater cleanliness and freer ventilation, and then judge whether small-pox need be as fatal as formerly. Improvement has been made in surgery, and in treatment of most diseases, this included chiefly by better hygiene and therapeutics. Why not seek improvement in the question of vaccination? It is high time that the barbarous pest-house were done away with.

As to there being close relationship between small-pox and cholera, closer, for instance, than between either of these and typhus, I shall hold a doubt until evidence is forthcoming.

Although very loosely connected with the subject under consideration, if connected at all, I cannot help adding that I am curious to know what position anti-vaccinationists will assume toward Pasteur's inoculation idea and scheme.

In closing I wish to appeal to the profession to have the whole question of vaccination as well ventilated as we demand a sick-room to be. Let it be calmly and considerately done, without appeal to bias or passion.

A CASE OF ISCHIO-RECTAL AND GLUTEAL CELLULITIS.

BY H. T. WEBSTER, M. D.

THE following described case has been one of considerable interest to me, and the outcome has proven how happily judiciously applied treatment may result, and also that apparently hopeless cases need not always be abandoned without an effort upon the part of the attending physician to carry them through to a favorable termination.

March 6 of the present year, about nine P. M., I was summoned to the bedside of Mrs. A., a married lady of about forty-five years, whom I had met socially a number of times previously, but not professionally. In the wan, prostrate, emaciated, semi-delirious woman whom I found awaiting me, I failed at first to recognize a former acquaintance. Her somewhat incoherent description of her own case, for no attendant was present, the nurse not being able to endure the sickening stench of the room, except when compelled to, gave me to understand that about eight days before this time she had been seized with severe pain in the anal region, and having called a neighboring physician, had remained under his care several days, enduring in the meantime the most excruciating pain, attended by complete loss of sleep and prostration. Finally the physician yielded to her importunities, and made a digital examination of the ano-rectal region, when he detected and removed a foreign body that proved to be a portion of wood, probably a bit of the skewer of a roast of beef or turkey that had been swallowed at some previous time. This I saw and examined. It was about an inch in length one-eighth in width and a sixteenth of an inch in thickness. The ends and edges were worn and rounded like the surface of a water-washed billet of wood, as though it had long been exposed to friction and the action of the alimentary secretions. It had probably been swallowed accidentally while eating, as strange as it may appear, and gone the length of the alimentary canal, finally, during defecation, being caught in the grip of the sphincters and producing the serious effects present.

The removal of the offending presence, however, did not put an end to the difficulty. Evidently there was an idiopathic influence at hand which had only been waiting for a local excitant to develop symptoms of the most serious character. The pain did not subside, but rather increased; cellulitis of the ischio-rectal region supervened and became diffused through both nates, the left side suffering most markedly. In a couple of days after the removal of the bit of wood the attending physician called counsel and punctured the left buttock, upon its inner aspect, just below the anus. A quantity of thin, ichorous pus of offensive character escaped, probably from the ischio-rectal fossa. Still no relief followed, and the patient, believing that the physician was not giving her sufficient attention, and not having been free from pain for a moment for more than a week, refused to see him when he called on the eighth morning, and the husband sent for me the following evening. This account the husband confirmed in an adjoining room soon after.

The prospects presented by this case were anything but cheerful. The hallway, sitting-room and sick-room, in fact the entire house, was permeated by a sickening stench arising from the seepage from the inflamed gangrenous parts. The patient's pulse was small, compressible and feeble; the skin pungently hot and dry; the tongue was dry, dark-red, pointed and thick, the lips parched, articulation difficult, and there was partial delirium. The patient afterward affirmed that she had but little rational knowledge of what transpired for more than a week after I was called. The bowels had not moved for several days, the nurse affirming that something thin had come away, but which I became confident was nothing but pus. On examination, the anus disclosed an erysipelatous, bluish, shiny redness, with evident gangrenous tendency, which extended over both buttocks, these being enormously swollen, the left buttock protruding downwards, and being edematous and extremely sensitive to touch. To relieve the pain and afford some rest, I prescribed morphine sulph., ¼ grain to be given at once and to be repeated toward morning if necessary, to afford relief from pain. I realized that this prescription was not applicable to all phases of

the case, but the most prominent demand at the time seemed to be something to afford rest and sleep. I knew that the tendency of this drug would be to arrest secretion and possibly impair the nervous energies, but I decided to give it the first trial, as I believed it would bring relief from pain sooner than any other agent. I therefore gave it, not, however, without some misgiving, with the intention of withdrawing it and substituting some other agent on the following day if this proved unsuitable. To better the constitutional condition—the idiopathic state which had tended to such aggravation of the local disturbance, I prescribed:—

℞ Sp. m. rhus tox., gtt. x.
Sp. m. baptisia, gtt. xx.
Sp. m. aconite, gtt. v.
Aquæ, ad. q. s., ℥iv.

M. Sig.—Take a tablespoonful every hour when awake. No application was made to the nates, as I preferred to wait until a more thorough examination could be made, and the parts were too sensitive to endure the slightest touch without anesthesia.

On the following morning my assistant, Dr. C. J. Sharp, administered ether, and I sent a probe into the opening left from the puncture made by the former attendant; this, it will be recollected, was on the left side, a little below the anus. The probe passed easily downward and outward through the gluteal region to the most dependant part, a distance of about three inches, reaching the inner surface of the skin in the region of a dark, sloughy spot nearly an inch in diameter; cutting down upon this, a grooved director was inserted and the skin and underlying tissue severed, laying open an extensive, sloughing cavity. As soon as the opening was made upon the probe, putrid gases, which evidently required vent, bubbled through, and a small amount of thin sanious discharge followed. The free incision was attended by moderate hemorrhage. This opening was now regularly cleansed two or three times a day with the following solution:—

℞ Permanganate potash, gr. x.
Aqua, ad. q. s., ℥viii.

Though very much prostrated, the patient rallied surprisingly well from the anesthetic, and in a few hours seemed none the worse. The opiate also agreed well with her, the pain being held in bounds by it, and it was used judiciously for three weeks, until the pain entirely subsided, two doses at night sufficing.

After a week's use of the rhus tox. and baptisia the patient was found to have improved materially. Her tongue had become moist, the dry and cracked condition of the lips had given way to a more natural state, and the erysipelatous appearance had disappeared from the right buttock, which could now endure slight pressure. The pain in the rectum and anus, however, continued severe as ever, necessitating the use of from a half to three-fourths grain of morphine each night in order that a small amount of rest could be had. Meantime, after the second day, I had begun at each visit to remove with dressing forceps masses of slough from the bottom of the gaping wound, until by the end of the first week an immense excavation existed, large enough to receive a small orange. This, however, now presented a healthy lining, and manifested a disposition to heal. From the first the patient was fed regularly with Reed & Carnrick's, Bush's, or Lactated Food and milk, a small quantity being supplied every 2 hours.

At the end of the second week it was evident that the patient would recover. The stench which had accompanied the discharge for ten or twelve days had now disappeared; the site of the slough was losing its angry edges and was puckering down to lesser dimensions, while the bottom of the cavity presented healthy granulations, but the pain in the rectum continued as severe as ever, and was rendered excruciating upon every attempt at defecation, which act seemed almost impossible, even by the aid of cathartics and enemata. Small doses of collinsonia were now administered with the hope that its influence might aid the expulsive power of the rectum, and also relieve the pain, but with no good result.

Evidently, the case had now reached a standstill, unless further surgical measures were resorted to, for though the patient was gaining some strength and the tongue and mucous membranes had changed from dark red to nearly the normal condition under

the use of dilute muriatic acid, morphine, in increasing doses, was still imperatively demanded, and this, of course, aggravated the alimentary impaction, while other anodynes failed to afford satisfactory relief. Believing that I detected a disposition to periodicity in the marked increase of the pain at night, quinine, in anti-periodic doses, was administered in the afterpart of the day for nearly a week, but it failed to produce any apparent salutary effect. Eighteen days from the time of my first visit, with the patient under ether, assisted by Drs. Sharp and Webb, I explored the rectum and laid open a fistula extending from about an inch above the anus to the site of the old pus cavity in the left buttock. A large amount of impacted fecal material was removed from the bowel, and it was hoped and believed that this would put an end to the pain.

We were destined to be disappointed, however, for though less opiate sufficed for the pain, severe suffering called for morphia at night as before, and the patient was unable to defecate unless by the aid of active cathartics which reduced the stools to a fluid character. Believing that the inflammatory action had produced contraction of the sphincters, as well as rendered them irritable, I had the patient anesthetized ten days after the last operation, and thoroughly stretched the anal outlet. Introducing a wire anal speculum I found two of the *sacculi Horneri* very much inflamed; these I slit open with the aid of an instrument heretofore described,* and removed a large mass of impacted feces from the rectum.

This ended the trouble. The patient "lost her grip," so to speak, for a few days, involuntary fecal evacuations occurring several times during the day for a week or more, but time remedied this. The opiates were at once discontinued, and the patient was soon able to sit upon an inflated air cushion and move around the room without help, though walking irritated the ulcer somewhat at first. The continued application of the permanganate of potash was rewarded by healthy and rapid granulations, however, and the patient was discharged, cured, on April 26, a little more than fifty days from the time I found her almost in *articulo mortis*.

*See November number of JOURNAL for 1887, page 462.

Now, I would not have the reader suppose that I take all the credit of this recovery to myself. The patient was one of those wiry, enduring persons, with plenty of vitality. Some patients would have succumbed in spite of me, but I am self-opinionated enough to believe I managed the case tolerably well, and I had a reason for every move that I made. There is consistency in claiming credit when one's efforts are in a rational direction; much more so than when one administers drugs hap-hazard *ad nauseam*, pukes, purges and poultices, and if the patient recovers claims all the credit for himself.

I am aware, also, that my treatment is open to criticism, in the matter, at least, of the morphine, on account of its constipating tendency, but one dose of this controlled pain which had been excruciating, so well that the patient rested nicely the first night, and commended the drug in this particular case so highly, that I determined to provide for its disadvantages and continue its use until my patient recovered or died. In another case of similar character it might produce such unpleasant cerebral or gastric disturbance as to forbid its continued use. The two agents, rhus tox. and baptisia, did most excellent work in controlling the zymotic and septic conditions, and while the echinacea angustifolia might have done as well, I can hardly imagine how it could have done much better.

DISORDERED FUNCTION OF THE KIDNEY.

BY I. J. M. GOSS, M. D.

[Excerpt from the author's "Practice."]

As the nitrogenized waste is chiefly removed by the action of the kidneys, it is apparent that an interruption to their functional action quickly tells upon the health of the person that is thus affected. An accumulation of the waste materials in the system soon results in impaired health. There is found in the urine azotized waste, certain salts, especially potash and water, also numerous other materials, and at certain times, under certain conditions, new and strange materials are found. The origin of the urea is of special interest to the physician, and the relation of

water excretion to the exercise and increased rapidity of the circulation is also of much interest. (See the author's "Practice.") Urea is regarded as the result of tissue metamorphosis, and the first products of hystolysis, as creatine, creatinine, tyrosin, etc., are converted by the kidneys into the more advanced products, that is, uric acid and urea. But urea may be largely elaborated in the liver, by the metamorphosing of albuminous materials into glycogen and nitrogenized waste materials. Urea is largely derived thus from this decomposition of albuminous material in the liver, but the disintegration of tissues also gives rise to a portion of it. And in cases of inadequacy of renal action, the impaired condition of the kidneys may be much relieved by lessening their work, by cutting off the supply of nitrogenized food, allowing only a sufficient supply for the building up of the tissues, which only requires a small amount. The meat-eating man may be more sprightly and energetic than the vegetable eater, but gout (in Europe) and rheumatism are the frequent troubles of meat-eating individuals, unless they take an abundant exercise. And this force-producing animal food has other troubles attached to it. Lithiasis, in all its multiplied forms, may result also. The presence of very excessive quantities of nitrogenized waste in the blood forces the kidneys to a high degree of functional activity. And this extra functional action produces hyperæmia of the kidneys. And this hyperæmia finally may lead to the production of excess of connective tissue, and chronic renal disease may ensue, such as interstitial nephritis of the gouty or glandular kidney. A gradual process of morbid degeneration may be in action long before the patient may think it necessary to consult a physician. It is frequently the case that the patient is not apprised of danger until ostensible evidences of imperfect depuration of the blood gives evidence of the structural disease of the kidneys. Thus it is evident that the too free indulgence in nitrogenized food, beyond the actual demand for repair of tissue, causes tissue changes, which prove dangerous in many cases, if not promptly treated.

TREATMENT OF LITHIASIS.—Diuretics, which are usually depended upon in lithiasis, can but give temporary relief. A

change of diet, and tonics, with exercise, to improve digestion, will aid the true antilithics; such as carbonate of lithia, potassa, benzoate of lithia, or benzoate of ammonia. I have given three to five grains of the benzoate of lithia or ammonia to aid in the correction of the morbid renal condition. To relieve irritability of the bladder, which is often associated with the lithiasis, I have used equisetum hyemale, in doses of ʒi of fluid extract, every hour or two to give relief. And if the patient should be passing a sandy sediment, the Berberis vulgaris, in doses of fifteen to twenty m. every three hours, aids the cure.

SELECTIONS.

THE TREATMENT OF HYPERTROPHY OF THE PROSTATE.

It is well known that about thirty per cent of all men above fifty-five years of age are suffering from enlargement of the prostate; but nothing like thirty per cent of men of this age ever apply to a surgeon for assistance. It is true that many suffer more or less from symptoms which the surgeon would know pointed to prostate hypertrophy, but these symptoms are not sufficiently severe to prompt the sufferer from them to seek for surgical relief. We must, then, look for some reason which will explain the difference between the two classes of cases, both suffering from prostate hypertrophy, the one with and the other without symptoms. That this difference does not depend on mere size is a certain fact.

Mr. A. F. McGill, in a lecture delivered in the Leeds Post-graduate Course (*Lancet*, Feb. 4, 1888), pointed out that there are three forms of enlarged prostate that give rise to characteristic symptoms. These three forms have one common characteristic, they all protrude into the bladder-cavity—a matter of great importance, since it indicates that in radical operations the prostate must be attacked from within the bladder, and not from the outside, by perineal incision. The varieties consist—1. Of a uniform circular projection surrounding internally the orifice of

the urethra, and, according to Mr. McGill, by far the commonest variety, although not described in many modern works on the subject. 2. A sessile enlargement of the middle lobe, situated partly in the posterior half of the prostatic urethra, and partly in the position of the uvula vesicæ. It is usually small in size. 3. A pedunculated enlargement of the middle lobe. The outgrowth springs from the prostate immediatly behind the urethral orifice. It varies much in size, and the peduncle by which it is attached varies also. Indeed, no distinct line can be drawn between this variety and the preceding one, as the two forms gradually merge into one another.

The mechanism by which the symptoms in these different varieties of enlarged prostate are produced is different. In enlargement of the middle lobe it is evident that the sessile variety acts mechanically by blocking up the posterior half of the prostatic urethra as well as the urethra orifice, while the pedunculated variety forms a valve, which will be washed forward with the stream of urine at every attempt to micturate, and by blocking up the opening prevent, to a greater or less extent, the passage of urine into the urethral canal. When the obstruction is due to the formation of a uniform circular growth, projecting into the bladder and surrounding the urethra at all sides, when urination is attempted the bladder-walls contract, and its fluid contents are forced on to the outer surface of the projecting collar, the urethral orifice is thus closed, no urine escapes, and the more forcibly the bladder contracts the less the likelihood of voiding urine. In such cases the patient soon learns that violent efforts prevent micturition, and being unable to relieve himself, soon ceases his efforts ; the pressure on the valve is immediately arrested, the urethra is opened, and the urine flows away in a feeble stream. If, again, he attempts to accelerate the flow again it is suddenly arrested, so that there is always a chance of an incomplete evacuation of the bladder. As a consequence, this residual urine grealty increases in amount, the wall of the bladder becomes thickened, and this increases instead of diminishes the difficulties attending the act of micturition. At the same time some slight cause may induce cystitis, and causing tumefac-

tion of the urethral orifice, give rise to an acute attack of retention. In any case as time progresses the muscular fibers of the bladder become separated from one another, and greatly wasted, this condition being marked by the involuntary passage of urine, or, as it is better termed, overflow. This symptom at first only occurs during sleep; but, as the atony increases, the expulsive power is almost lost, and a constant dribbling is the result. The orthodox treatment of enlarged prostate consists in teaching the patient to pass a soft catheter for himself once or twice daily. When this treatment is successful nothing more is required.

Many patients live for years, and, beyond the slight annoyance of the daily catheterism, have no further discomfort. But, unfortunately, this is not always so. The treatment not infrequently breaks down. From some cause or other—perhaps from want of care in cleaning the catheter, and perhaps from some hidden cause which we are unable to ascertain—the urine becomes thick and offensive, intense desire to empty the bladder, and inability to do so, necessitate a more frequent catheterism, till rest is constantly disturbed, and death is rendered imminent. In another class of patients, the treatment cannot even be adopted. The patient, often belonging to the working class, has, from carelessness, procrastination, or inability to face the necessary expense, delayed seeking for surgical aid till his symptoms become urgent. He has retention of urine, is suffering from extreme pain, and must needs seek relief. The surgeon relieves him by passing a catheter, and when the acute symptoms have subsided, attempts to teach him to pass one for himself. But he fails in this endeavor. Whether it be from innate clumsiness, natural timidity, or from the inherent difficulty of the case, the patient is unable to introduce the instrument, and treatment by self-catheterism cannot be adopted. It is under these circumstances that the author advocates the trial of a new operation which he recently described in a paper read before the Clinical Society under the name of "Supra-pubic Prostatectomy."

The operation consists of two parts: (1) The opening and draining of the bladder; and, (2) the removal of the prostatic valve which prevents the egress of urine. By opening and drain-

ing the bladder, inflammation of the organ is immediately relieved; urine, if putrid and offensive, becomes in a few hours sweet and acid in reaction, and, unless the kidneys are diseased, and in some cases even if this is the case, a speedy convalescence takes place. The only question to discuss in relation to this procedure is whether perineal or supra-pubic drainage is the more effectual. The author's experience leads him to think that the latter is the preferable method, and that drainage is more complete when through the soft, yielding tissues above than through the hard, fibrous tissues below the pubic arch. The high incision has, moreover, this advantage, it enables a more thorough examination of the interior of the bladder to be made, and the second step of the operation to be proceeded with. It is absolutely impracticable to remove the collar-like valve, which has been already described, through a perineal wound.

The operation is performed as follows: A full-sized silver catheter, curved according to the nature of the case, is passed into the bladder, its contained urine is withdrawn, and its cavity washed out with a warm saturated solution of boracic acid till this is returned clear and unchanged. In this way it is insured that the wound to be made in the abdominal wall shall not be contaminated by septic urine. A pyriform rubber bag is now introduced into the rectum, and filled with fourteen ounces of warm water. Boracic lotion is next injected through the catheter till the bladder can be distinguished as a hard, oval swelling, extending upwards towards the umbilicus. The quantity of fluid injected varies with each case, from eight to fourteen ounces being the usual quantity. The catheter is retained in the bladder, the fluid being prevented from escaping by forceps applied to compress the rubber tubing attached to it. The pubes have been shaved, and the skin on the abdomen properly cleansed, an incision is made, three inches in length, extending upwards from the pubes in the middle line of the body. The linea alba is divided for the same distance. Without further dissection, by scraping with the handle of the scalpel, the bladder is exposed, and an assistant, by depressing the catheter, makes it project into the wound. A tenaculum with a large curve is passed trans-

versely into the bladder, touching, as it goes, the point of the catheter. A longitudinal incision is made from above downwards in the bladder-wall, and the escape of its fluid contents is prevented by plugging the opening with the left forefinger. This being done, the bladder is seized with nibbed forceps, one applied on each side of the incision, the catheter is withdrawn from the urethra, and the bag from the rectum, and the first part of the operation is complete. It is important to remember that it is not wise to cut down on the point of the catheter, until the bladder has been fixed in position by the tenaculum. If this be done, the point of the catheter protrudes from the wound, the fluid escapes from the bladder, while the viscus itself sinks deep in the pelvis, from which it is only dragged with considerable difficulty. We now examine the interior of the bladder and its neck, to ascertain the exact nature of the prostatic enlargement. It is possible that we may find a condition which does not permit further operative interference. The author's experience is not sufficiently large to enable him to say whether this will be often the case or not. His belief is that it will be extremely rare. If we are unable to do anything further, we must content ourselves with temporary or permanent drainage. We shall, however, in a large majority of cases, find one of the three forms that have been already described, each of which is removable. A pedunculated middle lobe can obviously be removed with ease, its pedicel being divided with curved scissors. A sessile middle lobe can be removed in the same way, helping the scissors by tearing with forceps. The colar enlargement is removed with greater difficulty. It is advisable to divide it longitudinally by inserting one blade of the scissors into the urethral opening and dividing the portion above, and then passing the other blade into the same opening, and dividing the portion below. We now have that part of the gland which projects into the bladder divided into two lateral halves; these can be removed separately by scissors curved on the flat, or enucleated with the tip of the forefinger. Care must be taken not to leave any portion of the projecting valve untouched. When the operation is complete, whichever form of growth has been removed, it is advisable to see that the

urethra is patent, and to pass the forefinger as far as the first joint into its canal. The hemorrhage which occurs is not excessive; this is accounted for by the fact that the prostate is not a very vascular organ; the so-called prostatic hemorrhage which occurs occasionally in operations on the perineum being derived from the prostatic plexus of veins, which cannot be wounded in the operation now being described. Such bleeding as occurs is speedily arrested by injecting a hot antiseptic solution. When this has been done, a large rubber tube is passed into the bladder and left out of the lower angle of the wound in the abdominal wall; this is partially closed by a point or two of suture, and a large pad of salicylic absorbent cotton-wool is applied as a dressing. The pad is renewed as often as it becomes saturated, every three or four hours. The tube is removed at the end of forty-eight hours.

Mr. McGill's experience of this operation is limited to five cases, in each of which before operation constant catheterism was required. In two the urine was purulent, alkaline, and fetid, while in one symptoms of uræmia and surgical kidney were present. Four of these cases made quick and satisfactory recovery, while the other, a very recent case, is still under treatment. The successful cases all left the hospital in restored health, passing urine without the aid of a catheter, in a natural manner. Two of the cases were operated on eight months ago, and have not in any way deteriorated, no stricture resulting. Of course, if the bladder be atrophied and the kidneys diseased, only temporary relief may be expected; but if, on the other hand, the bladder and kidneys are in a healthy condition, we may hope that this operation will in many cases lead to a radical cure.—*Therapeutic Gazette.*

CREOLIN IN CYSTITIS.

IN a very persistent case of cystitis, occurring in a middle-aged woman, where the pain was so constant that the patient was generally obliged to keep her bed, and where the urine was offensive, brownish, and thick, depositing a third of its volume of pus, blood, and phosphates, after a large number of different kinds of

treatment had been employed by various medical men without much result, the best application appearing to be injections of corrosive sublimate in very weak solutions, Dr. Jefsner, of Stolp, washed out the bladder with a one-half per cent solution of creolin. This caused a burning sensation for a few minutes, after which it passed off. The next day the patient felt and looked quite a different woman, the pain in the bladder had been less than for a long period previously, and the urine when drawn with the catheter was scarcely offensive at all, and appeared quite clear, depositing after a time only a small quantity of phosphate without any admixture of pus or blood-corpuscles. The washing out of the bladder was repeated daily, and by this means the improvement was maintained. It would appear, therefore, that in creolin we have a deodorizer and a hæmostatic, as well as a means of improving the character of the secretion from the surface of mucous membranes.—*Lancet.*

TINCTURE OIL OF GYNOCARDIA IN SYPHILIS

MISS R., who had been treated by Dr. Mc., a regular, for eczema, tonsillitis, consumption, etc., came to me with the statement that "Dr. Mc. evidently does not understand my case." On examination I found mouth and throat full of ulcers, with a breath that suggested syphilis. She was very much emaciated, and really did look like a consumptive. Had a very bad cough; nasal bones were very sensitive; in fact, she said she was sore all over. The eruption had nearly passed away, but had left its distinctive mark; her hair had almost all taken its departure. Although she was the belle of belles, and church organist, with the solemnity of a deacon (?) I put the question, "How long since you first noticed a sore on your genitalia?" To which she replied, "About two or three months ago, there was just one little hard lump, apparently under the mucous membrane, which became very sore." "Then how long before you noticed the sore did some vile wretch take advantage of you?" To which she replied, "About three weeks, for the first time in my life (and the last time) I fell a prey to Mr. B., and is it possible that *that* was the

cause of all my suffering?" To which I answered in the affirmative. In reply as to what she should tell her mother I said, "Tell her I say your lungs are in a very bad condition, and that the best of care and treatment will be required to get you well."

The treatment was as follows:—

1. ℞ Tinct. oil gynocardia, ʒij.
Syr. stillingia comp., ʒiv.
M. Sig.—A teaspoonful four times daily.

2. ℞ Hydroleine (Kidder's).
M. Sig.—A tablespoonful in milk with or after meals.

3. ℞ Uvedalia, bay-rum, āā ʒj.
Glycerine, ʒij.
Tr. bergamot, tr. capsicum, āā ʒj.

M. Sig.—Cut hair short, wash head well with borax water every morning, and apply to head twice daily.

The result was as follows: Appetite improved, cough abated, soreness of mouth and throat, nasal bones, and lungs passed away, and in four weeks she had gained twelve pounds in weight, after which all medicines except ℞ No. 1 was discontinued. This was continued for four months, and now, although two years have elapsed, no tertiary symptoms have presented themselves. She has as fine a head of hair as ever, and looks and feels as before she contracted the contagion. She still thumps the piano and organ with as much vim as of yore, and the neighbors say she has been cured of consumption; while the unconverted Mr. B., who was regularly treated by a P. G., does not sport a bridge in his nose.

Within the last twelve months I have treated four cases (all males) of constitutional syphilis. Saw each of them soon after the chancre made its appearance. I treated the chancre as follows:—

℞ Salicylic acid, canabis indica, āā ʒj.
Ether sulphuric, q. s. to dissolve the acid.

Apply carefully to chancre two or three times daily. Wash penis well with borax water before applying, and after applying dust boric acid on absorbent cotton and wrap penis up in same, and keep it in a comfortable position. In three or four days the

chancre was lifted out with little or no suppuration following. The internal treatment was:—

℞ Tr. oil gynocardia (chaulmoogra oil), ℥ij.
Syr. stillingia comp., ℥iv.

M. Sig.—Teaspoonful four times daily.

No other syphilitic manifestaticns have yet presented themselves since the chancre was removed. The shortest period which intervened between inoculation and appearance of the chancre was nineteen days, and the longest was twenty-eight days. Almost twelve months have elapsed since the first male case was treated, and six months since the last was commenced.

Now was it the tincture oil of gynocardia that produced these results, or could it be that no treatment or some other treatment would have produced the same results? Will some brother who has lots of these unfortunates to treat try the remedy and report results?—*W. S. Mott, M. D., in Eclectic Medical Journal.*

THREE CASES OF HALLUCINATION DUE TO THE ADMINISTRATION OF SODIUM SALICYLATE.

THE power of sodium salicylate to relieve the pain and shorten the duration of some of the intra-ocular inflammations is now, I think, generally recognized. Iritis and chloroiditis are the inflammations specially amenable to this treatment. Nor is its good action limited, as might be supposed, to those cases having a rheumatic origin. Iritis, clearly due to syphilis, without the least suspicion of rheumatism, I have frequently seen quickly relieved by the salicylate. Mercury will cure in time, of course; but the salicylates seem to have the power of aborting the attack. To accomplish this result the system must be speedily brought under the influence of the drug, and this requires large doses. This fact gives us a clue to its mode of action. Large doses of the salicylates have the effect of weakening the heart's action and reducing the blood-pressure. These results are brought about by the combined depression of the contractile force of the cardiac muscle and of the vaso-motor center. The

latter produces not only a fall in blood-pressure, but prevents a rise in the pressure when the sensory nerves are irritated. (Brinton, "Materia Medica.") These facts place sodium salicylate—if given in large doses—among the antiphlogistics, with aconite, veratrum, large doses of quinia, etc. Still, I can hardly believe that all the antiphlogistic effects of the salicylate are due to their depressant action on the circulation. Other drugs which lower the blood-pressure—for instance, the bromides and those already mentioned—do not sensibly relieve the pain nor affect the course of iritus. There seems to be a selective action which we little seem to understand. The large doses required often produce effects which are not only disagreeable, but may, in exceptional cases, become dangerous. Nausea, tinnitus aurium, deafness, fullness in the frontal regions of the head, and wakefulness are the symptoms commonly met with. The amount which will produce these physiological effects usually stops the inflammation, or, by its failure, induces us to use other means. More rarely, violent purging, involuntary evacuations, great dyspnea, and collapse are observed. (Bartholow.) Professor Chisolm, of this city, reported two or three years ago a case of purging and involuntary evacuations occurring in a patient who took, through a mistake of the druggist, 192 grains instead of 24. There were, in addition, marked depression and weakness, but the patient fully recovered in two days. The force of the drug is sometimes expended wholly upon the nervous system. Such extreme effects as complete deafness, ptosis, and strabismus are mentioned in our text-books as having been occasionally observed. Bartholow mentions a case of amaurosis due to administration of 125 grains. There was no retinal lesion. Delirium and visual hallucinations are nervous phenomena more commonly observed than those just mentioned. Brinton says: "Salicylate of sodium in some persons tends to cause most disagreeable visions whenever the eyes are shut, and I have seen it have this effect even in such a small dose as five grains." ("Materia Medica.") According to Bartholow, it is specially apt to produce delirium in drunkards. In the *British Medical Journal* of January 29, 1881, Dr. Bastian presents a series of five cases of delirium and vis-

ual hallucinations following the use of sodium salicylate in acute rheumatism. One case was that of an old toper, and the character of the delirium was similar to that of delirium tremens. In another the rheumatic poison seemed to be specially virulent, and the delirium was more like that sometimes observed in acute rheumatic fever, and due only to the rheumatic influence. Dr. Bastian concludes that, if the patient's condition is such as to predispose to delirium, the salicylate will probably precipitate the attack, which, in its characteristics, will resemble the delirium occurring in the predisposing disease. Cases, however, are here and there recorded, in which, like those immediately to follow, there was no pyrexia to produce the trouble, nor any influence which could be held responsible except the salicylate.

CASE I.—Mr. J. S., aged forty-three, occupation journalist, consulted me in April, 1886. He had had iritis in the right eye for four days. The iris was muddy, the pupil contracted, the periphery of the iris bulged forward, and there was pus in the anterior chamber. Pain was intense, not only in the eye, but in the temple. There was no syphilis, but an attack of rheumatism, three months previous to his visit to my office, seemed to offer an explanation for his iritis. There was, so far as I could make out, no organic heart trouble. He gave a distinct history of phthisis in the family, and, while I could not find a cavity in either lung when I examined them, there was dullness over the apices of both lungs, there was considerable emaciation, and he had a cough which was sometimes very troublesome. I have not seen him since I discharged him, in the spring of 1886, after his iritis had gotten well; but he wrote me, from his home in Baltimore County, during the past winter, that he had been obliged to give up nearly all his work, that his cough was incessant, and he was growing weaker. Undoubtedly he has fallen a victim to phthisis. His habits were temperate. He said he usually took a glass of sherry with his dinner, and sometimes a little whisky at bed-time.

I applied a compress bandage to his eye, ordered the instillation of a four-grain atropia solution, and prescribed for him twenty grains salicylate sodium every four hours. When he

called at my office the next day I was engaged, and he sat in the waiting-room about half an hour. After I had examined his eye, finding it greatly improved, he asked: "Doctor, is there a big colored woman with a child on her lap sitting on the sofa in the other room?" I told him I did not think there was; but to satisfy him I looked and found nothing there. On learning this, he said: "I wasn't *sure* of it. I didn't see her until I had been in the room a little while, and then she wasn't clear enough to make me sure." On questioning him, I found he had, to settle the question in his own mind, gone to the sofa and tried to touch the supposed woman, and found his hand came down upon the sofa. He then told me that he had taken four of the powders between 10 A. M. and 10 P. M. the day before, making eighty grains in all. He retired about 10 o'clock, and did not take a stimulant that night. After being in bed a little while he noticed his ears buzzing. He could not sleep, and soon thought he was having a dispute with his son. He sat up in bed, made up his mind it was all imagination, laid down again, and talked away at his son as much as ever; so much so that his wife asked him to stop talking. After a while the delirium changed, and he thought he was at the telephone in his office and couldn't speak above a whisper. He got out of bed two or three times during the night to answer a supposed telephone call. In the morning, while coming to town in the cars, he was troubled by seeing a black cat on his knee. He could convince himself that these things were all hallucinations; but no sooner would he do this than they would all come trooping back as real as ever. When standing alone he suffered from giddiness. His pulse was about 80; temperature normal. I had him pass his urine in my office, and found it free from albumen. The salicylate was stopped. He slept very little that night, but the next day seemed completely himself. The iritis was afterwards treated with cal. iodid. and the alkalis.

The other two cases occurred in the private practice of Professor Chisolm, who has kindly written out for me the following notes:—

CASE II.—L. G., aged fifty, of temperate habits, has been for

ten years troubled with repeated attacks of specific iritis. Each attack runs its tedious course of six weeks or two months under the orthodox treatment of iod. pot. and mercury, with the local use of atropia and an occasional application of leeches to the temples. Four years since, the treatment was changed to the salicylate of sodium in twenty-five grain doses, given four times a day. The drug alleviates very promptly the inflammatory attacks and enables him often to get out in a fortnight—a marked shortening of the paroxysm. In his case the remedy is not without its detractions. It does not disturb very materially his digestion, but when continued for some days produces very curious psychological effects. By the fourth day of taking, particles of dust become conspicuous against white surfaces and pollute the water which he drinks. The particles covering his white bedspread grow in size into green flies, and some of these develop into green frogs, with a few green snakes. They are not stationary, but are in constant motion. He knows them to be an illusion, but they look very real notwithstanding. If the medicine is stopped at this stage of the mental disturbance, in twenty-four hours they are all removed, disappearing in the transition forms in which they introduced themselves. Should it be needful to continue the large doses of the salicylate, figures of men, not always with the most pleasant countenances, appear on the scene. At one of my morning visits my patient reported his night's sleep much disturbed by the intrusion of three men into his chamber. In waking, by the dim light of the turned-down gas, he saw three men inspecting his box of valuable papers, which they for convenience had transferred to a side table. He reasoned with himself that no one could get into his house, and that his body servant was in the contiguous room. He could shut out the vision by closing his eyes. At my visit he was sitting facing an open door leading into the next chamber. After describing his visions of the previous night, he said: "Now, I know perfectly well that there is no one in the room —pointing to the door—and yet there stands in a threatening attitude a big man with an ugly club. I can shut him out by shutting my eyes, but there he is all the same.

On another occasion, after using the salicylate for some days, with the recurrence of motes, then flies, frogs, and snakes—always green ones—I found him at midday sitting in the dining-room. As soon as I had examined his eyes and found that the injection had nearly disappeared, he said that he was very glad of it, and could now stop the sodium, because the hallucinations were becoming annoying. Just before I had arrived a mouse had come out from under the grate. After playing about on the rug it commenced to puff up, and became a cat. The inflammation continued, the animal becoming larger, until it assumed the appearance of a tiger upon mischief bent. When the animal crouched with the intent of springing towards him, he asked his mother, who was reading the morning paper at the window, to come toward the fire-place. In doing so she got between himself and the threatening animal, and the illusion vanished. During these conditions of mental excitement the reasoning powers were never disturbed, nor did the conversation at any time indicate other than a clear head. In this case the psychological influences seemed always to run in the same channel. These experiences had occurred to him on several occasions at many months of interval, and always in a regular order. After three or four days, taking large doses of the salicylate, he would mention to me: "Doctor, I saw the little pieces of stick in my basin this morning; the flies will come before the day is out."

CASE III.—Miss S., aged fifty, had been operated upon for double acute glaucoma. Vision had been reduced to light perception before operation, and was so perfectly restored that she could use her eyes for hours daily in confined literary pursuits. Four years after the iridectomy her left eye was attacked with a sharp inflammatory attack, which she conceived to be a return of her glaucomatous trouble. I saw her after three days of suffering, and found an acute attack of iritis, with some pus in the anterior chamber, a heavy rim of injection around the cornea, a very painful eye, with very dull vision. The salicylate of sodium was given, in twenty-five grain doses, four times a day. By the second morning all congestion had disappeared from the eye. The media had cleared up in a wonderful manner and vision had

returned. She stated that she had had a most horrible night of hallucinations of most disagreeable forms. She was very glad to know and feel that the eye was so very much better. She had made up her mind, from the horrors of the preceding night, that she could not take another dose of medicine, even if the safety of her eye depended upon it.

In my own case and the last of Professor Chisolm's, the delirium came on during the first ten hours of the administration of the drug. In the *Practitioner* for May, 1882, Dr. C. S. Coulston publishes an interesting and exhaustive thesis on the use of the salicylates in rheumatism. Speaking of this delirium, he says that it usually comes on within the first eight hours, and is due to overwhelming the nervous system with large doses before tolerance is established, which can be readily done. If tinnitus aurium appears, the salicylate, Dr. Coulston thinks, should be discontinued until the tinnitus has gone. Then the salicylate can be given with freedom. Each of the five cases, reported in the *British Medical Journal* by Dr. Bastian, afterwards took the medicine without trouble. In the extremely interesting case (the first narrated by Professor Chisolm) the medicine seems to be well borne for three days, and then the delirium comes. Tolerance is not established. This case also opposes the remark of Brinton's that the hallucinations only appear when the eyes are closed. In each of these cases there was full knowledge that the objects seen *were hallucinations*, but they could not be permanently driven away. The patients were, on this account, not greatly terrified. Dr. Coulston states that the hallucinations are usually of a harmless, non-terrifying character. One of his patients insisted that a bundle of rags in the corner was the baby of an intimate friend, and he had to take care of it. Occasionally, however, the delirium takes the form of mania, and the patient is violent.

In those diseases which sometimes of themselves cause delirium, the question of diagnosis becomes an interesting one. Dr. Coulston shows that the salicylate delirium is to be distinguished from that due to the rheumatic influence by the absence of fever and lessening of the joint pains at the time the de-

lirium occurs. This was so with his cases, and with those reported by Dr. Bastian. The latter gentleman quotes the observation of Simon, that delirium in rheumatism means involvement of the heart; and this may throw doubt on the influence of the salicylate in causing the hallucinations. In three of Dr. Bastian's cases there was no heart complication at all. From the delirium of drunkards (delirium tremens), it is to be diagnosticated by "the absence of tremulousness in the hand or tongue."

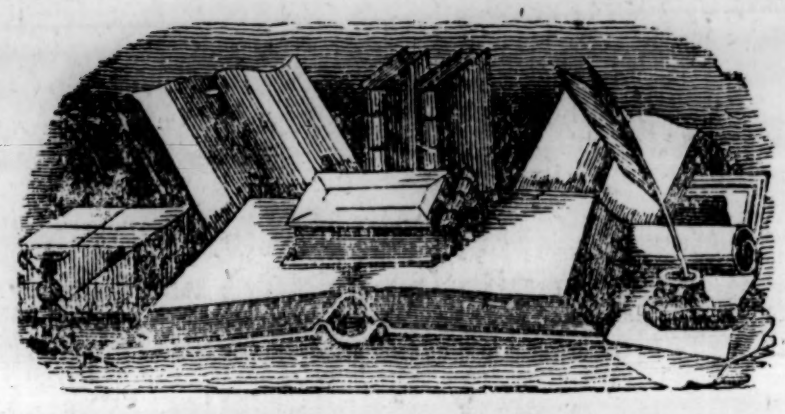
The manner of the production of the delirium is also an interesting question. As some of the cases also showed albuminuria, it was supposed that acute nephritis had resulted from the use of the salicylate, and that uræmia had caused the delirium. Subsequent cases have disproved this. In only one of Dr Bastian's cases was there albuminuria. Dr. Ackland, quoted by Coulston, "thinks that uræmia, due to the great diminution of the amount of urea excreted by patients taking salicylates, may be an important factor in the production of the delirium. Dr. Bastian's opinion —that it precipitates an attack of delirium impending from some other disease—has already been alluded to. By others the delirium has been supposed to be due to impurities in the salicylate, and it is asserted that the *pure* salicylate never produces delirium. Dr. Coulston concludes his study of this branch of his subject with the remark: 'The direct action of the salicylates on the nervous system is sufficient to account for the delirium, apart from either albuminuria, uræmia, or a rheumatic complication, though . . . these would be predisposing causes.'"—*Hiram Woods, M. D., in Medical Register.*

HYDRASTIS CANADENSIS IN UTERINE HEMORRHAGE.

HYDRASTIS CANADENSIS, or golden seal, has been long used in this country as a pure bitter in atonic dyspepsia. The root of hydrastis contains berberin and hydrastin, both of which are

believed to have a vaso-constrictive action on relaxed mucous membranes, thus ameliorating congestive states. (*Boston Medical and Surgical Journal.*) Professor Schatz, of Rostock, Germany, was the first to bring hydrastis prominently before the medical public as a uterine tonic. He contrasts it with ergot, which it resembles in its action, but he finds it efficient in cases of uterine hemorrhage where ergot is powerless. In menorrhagia, from whatever cause, in hemorrhages, due to metritis and endometritis, to myoma, to incomplete involution of the puerperal uterus, he has found hydrastis invaluable. Professor Schatz' mode of administration is to give the fluid extract in twenty-drop doses four times a day, and not only when the hemorrhage continues, but also from one to two weeks prior to the time that the menstrual period sets in, especially in the congestive form. Since the publication of the paper of Professor Schatz, Professor Slaviansky, of St. Petersburg, has made some interesting experiments with hydrastin, from which he has found that this alkaloid has an ecbolic effect on pregnant animals (bitches and rabbits), and when given to parturient women it expedites labor. He puts the maximum dose of hydrastin at one-half grain. The latest contribution to the subject of the uses of hydrastis in uterine hemorrhage is by Dr. R. W. Wilcox, in the New York *Medical Journal.* His conclusions are based on the observation of the effects of this in fifty cases. In three of uterine fibro-myomata, in which he gave hydrastis for metorrhagia, the flow was speedily checked. Persistent use of hydrastis (for months) was followed by considerable reduction in the depth of the uterine cavity and in the volume of the uterus. Wilcox concludes that hydrastis arrests the bleeding from fibro-myomata by the production of anæmia of the uterine tissues, and he refers to the physiological experiments of Mays, which showed "that hydrastin, in small doses, increased blood-pressure, while causing vaso-motor contraction, cardiac inhibition, and anemia of the alimentary mucous membrane. Mays observed, also, uterine contraction, even of the body and horns of the uterus." Fellner, moreover, in some experiments, made in 1885, with fluid extract of hydrastis, noticed uterine contractions and anemia of that organ.

In seven cases of hemorrhagic endometritis, five being cases of endometritis fungosa, marked benefit was noted under the use of hydrastis. Dr. Wilcox remarks that "in endometritis fungosa, we have in hydrastis a sovereign remedy, even when cureting has failed to arrest the bleeding." Sixteen cases of subinvolution of the uterus were treated satisfactorily with hydrastis. Five cases of climacteric hemorrhage were also benefited by the same drug, and the same is said of nine cases of pelvic inflammation and three of congenital anteflexion. He gives the fluid extract of hydrastis in twenty-drop doses three or four times daily in a wineglassful of water.—*Medical Record.*



EDITORIAL.

Rotheln, German Measles.—This disease is among the list of cutaneous affections now visiting our coast, and it may interest the readers of the JOURNAL to consider some of its aspects; not that it is a disease of serious consequence usually, but it is liable to be confounded with affections that are more dangerous and give rise to grave alarm, especially as variola is now so prevalent.

The eruption resembles measles in color, being dusky red; but here, with the exception of redness of the conjunctiva, the resemblance ends. The spots are distinct, elevated points of the color of measles, but round instead of semilunar, and lacking the disposition to form in patches, the elevation imparting to the finger a sensation of roughness. There is no hardened base, however, and no vesicle in the center of the eruption, as appears in small-pox. The patient is not very sick, able to be about usually, does not cough as in measles, and does not usually complain of headache or backache. There is some soreness of the throat, and when the eruption is well out, distinct, round, red spots may be seen on the tonsils, in the fauces, and in the pharynx. There is almost universally enlargement of the cervical glands, but the enlargement is not attended by much pain, and the parts are not very sensitive to pressure. Sometimes there is suppuration of the cervical glands, when, of course, the local symptoms will be more severe. The eruption only lasts two or three days in mild cases, and disappears rapidly without desquamation of the cuticle. While out there is often intense itching present.

There is usually no premonitory fever, the rash appearing suddenly, like a surprise party, without warning. Still there may be

high fever with marked cerebral hyperæmia, headache, and delirium, as in a severe case reported to the writer by John Fearn, M. D.

The exact character of rotheln is a matter of dispute among those who profess to be authority on such matters. Some regard it as a modified form of measles, some as a modified form of scarlet fever, some as a cross between the two—hybrid—some declare that it is not a specific exanthem but may embrace any blotchy disease occurring epidemically. It can hardly hold any close relationship to measles, for we have found it appearing within a month in the same patient after rubeola had been thoroughly and unmistakably present. Evidently it is contagious, but not so markedly as measles.

The treatment of rotheln is not a stereotyped one, or should not be with an Eclectic practitioner. Indications should be met with the proper measures. Aconite and phytolacca will be oftenest indicated. The enlarged cervical glands, the tonsils being prominently affected, with accompanying slight febrile action, will yield best, perhaps, to the following prescription:—

℞ *Sp. m. aconite, gtt. v.
" " phytolacca, gtt. xxx.
Glycerine, ʒi.
Aqua, ad. q. s., ʒiv.

M. Sig.—Take a teaspoonful every one or two hours, according to the urgency of the case.

Masturbation.—This habit follows more than a few individuals to adult life, and is the cause of many a broken-down constitution, among both sexes, and in all classes of society. No more pernicious influence exists in the world than that which tends to the introduction of the young to this vice, especially among boys. Every neighborhood has its one or more young Satans willing and anxious to initiate the most tender innocents into a precocious sexuality. Boys of seven and eight years, if not younger, are often thus brought to lascivious impressions and

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*The normal liquids of P. D. & Co. answer an equally good purpose, as far as I have observed, though I am not aware that the list contains phytolacca.

thoughts, the injurious influences of which may follow them throughout a life-time.

To the credit of the members of the female sex, it is to be believed that self-pollution comes around to them more as an accidental occurrence than from the influence of older persons, though, no doubt, in female boarding-schools and seminaries there is often a tutor in succeeding classes to hand down a knowledge of the depraved practice. I knew an instance while practicing in a rural neighborhood where a girl of twelve learned to excite sexual orgasms by the titillation induced while riding astride a horse during plowing. Another child of less than ten years of age formed the habit from riding astride her little brother's rocking-horse. The pleasurable sensation once experienced is sought again and again, the subject not realizing the fearful consequences, until the habit becomes a mania, and a life is partially wrecked at least, for if there be not mental decay, epilepsy, or some other pronounced effect, in time uterine irregularities, dyspepsia, hysteria, nervous prostration or perverted sexuality is almost sure to produce much discomfort and unhappiness. Parents should be taught the dangers of permitting practices among girls liable to produce hyperesthesia of the genitalia, for they may lead to most unfortunate discoveries and habits.

Not long ago an intelligent young man of marked literary taste and ability, who is ambitious to fit himself for the very highest positions in life, whom I had known as an acquaintance, entered the office, and, after a few passing remarks, surprised me somewhat by such a confession as the following: "Doctor, I have come to you for advice, I am a masturbator, and cannot quit the practice. I have tried again and again, for I realize how detrimental it is to all my ambitions and purposes. I am afraid that even now I have injured my mental organization beyond redemption, for my memory is defective and treacherous as compared with the past, and I seem to have lost the ability of applying myself well to any task. After abstaining two or three weeks, with good resolves, the impulse to provoke an orgasm comes upon me so irresistibly that I cannot control it, and the loathesome act is performed in defiance of my better judgment and former

resolutions. Unless something positive can be done to prevent this, I am determined to resort to the last hope,—castration,— and if no one else will perform this for me, I will attempt it myself, rather than live a slave to such a disgusting habit." And I knew from his manner that he was sincere in his sorrow and desperation. By measures to be described later, I happily was enabled to place him in such a condition that the "irresistible impulse" might be banished and this without unsexing him. The physician who would have done this under the circumstances would, in my opinion, have been highly reprehensible.

About a year ago a highly respected and wealthy citizen called at the office to consult me about his son, whose case he had about given up as incorrigible, but still was anxious to make further effort in his behalf if there could be any encouragement offered. He informed me that his son had long been a sufferer from what the physicians had termed hip disease, and although a number had treated him no one had done him any permanent good, and, having squandered a small fortune on doctors, he had become skeptical of their ability to benefit his son, and suspicious of mercenary motives when encouragement was offered by them. I expressed a desire to see the sufferer, when I was informed that he was at the foot of the stairs in his father's carriage, and his father departed to usher him up. After quite a long time ridiculously occupied in tedious climbing of the stairs, as I learned upon subsequent observation, the patient dragged himself into the consulting-room on crutches, and sank, apparently exhausted, into a chair. He proved to be a young man twenty-four years of age, small of stature, pale, anemic, and shrunken, with a downcast look and side glances—a tendency to imbecility manifesting itself in many of his actions, though he evidently had inherited a good mental organization. His dress was slovenly, his hair long and unkempt, his air abstracted, and his manner shy and reserved. No tenderness or other evidence of inflammatory action could be detected about either hip, nor was there any evidence of distortion; in fact, the disease was evidently in the mind of the patient, who assumed a twisted position whenever his thoughts reverted to his trouble. Upon careful examination I could find no

evidence of disease about the hips, though he gravely informed me that the left one had been out of place for several years, and one of his former physicians had nearly brought it into place by having him wear a weight of lead on his foot for several months, though he asserted that it was not yet quite in place. He denied the existence of any pain at any time in his hips, and was not at all sensitive to rough handling. I began to suspect that this patient was the victim of onanism, and said to him: "I am about to ask you some very plain questions; may I expect a candid answer?" "Yes," was the reply, "but I want him," pointing to his father, "to go out." The father retired, when the patient confessed at once that he was addicted to the secret habit. He said he knew better but could not help it; however, if I would try and do something for him he would make another effort to quit, and follow my directions implicitly. The case was undertaken with the understanding that the father would withdraw it from my hands if it did not soon improve. Let it suffice to state here that the young man has become robust, and now walks, runs, and attends to many duties about the paternal mansion, without the aid of crutches or cane, and has become mentally more of a credit than formerly to a parent who has made life a success in every particular. But best of all he has quit a practice which had nearly wrecked him.

A young woman called at my office scarcely a month ago, who had come in from a rural district to consult some physician, she "did not care much whom," about spasms which seized her at each menstrual period. A number of these would occur at each time, one following the other in quick succession until she sank off into a sleep from which she would wake the following day, exhausted and miserable, with headache, backache, and a bad feeling generally. From the description she furnished, as detailed to her by others, it was, probably, hystero-epilepsy. The menses had gradually become scanty until little, if any, discharge occurred, the convulsions gradually coming on as the flow lessened. What she wanted was something to increase the discharge, that her system might be depleted, and the spasms thus relieved. This was the philosophy of the neighbors, and some of her former

physicians, who, she believed, had the correct idea, but could not concoct the necessary panacea. The patient was twenty-five years of age, of respectable appearance, and seemed bright, but rather flippant in her manner. An occasional leer, and the manner in which she referred to the opinions of some that she ought to get married, though she stated she "did not want any man about her," aroused my suspicions, especially as she seemed evasive when certain grounds were trenched upon. An inspection of the reproductive apparatus convinced me that I was on the right track, and I informed her that I believed her trouble was the result of self-abuse. Of the character of this she at first feigned ignorance, then, after a fuller explanation of my meaning, she was evasive, but finally admitted that she was in the habit of provoking pleasurable sensations upon going to bed at night by rubbing the genitals with her hand. She could not recollect when she had begun to follow the practice, but admitted that it was almost as far back as she could remember. Upon being more closely questioned as to the method of accomplishing the act, she did not hesitate to expose herself before a blushing audience, and manipulate according to her custom, appearing to rather seem proud than ashamed of her accomplishment. She could not be made to believe that this was the cause of her convulsions and other menstrual troubles, for she said none of the doctors to whom she had been had ever mentioned it. I advised her to quit the habit, assuring her that she would never recover unless she did, and that she would require protracted treatment, with much patience and perseverance on her part, before she might hope for much improvement. She left the office in some disgust and doubt as to my ability, hoping to find a physician who could cure her without disturbing a habit that was evidently a matter of much solace and pleasure.

What is the pathology of these cases? That seminal loss plays but an unimportant part in the consequences of frequent repetitions of the act is my opinion. Certainly in case of female onanism it can hardly bear a share of the blame for the fearful results almost certain to follow excessive indulgence in this practice. Instead, the frequent repetition of unnatural excitement

tends to undermine the nervous system, derange the functions of the sympathetic and indirectly the cerebro-spinal system—the location of sexuality in the brain becoming finally a perverted center. Irritation of the ejaculatory ducts and prostatic urethra in the male, are among the early local disturbances, which are liable to be followed by vesical irritation, and later by what Geo. M. Beard denominated sexual neurasthesia. In the female the nymphæ and clitoris become hypertrophied, and later the uterine functions are disturbed. In the male the "irresistible impulse" is almost always the result of a snug prepuce, that perpetuates a teasing which, spent upon a hyperesthetic nervous center, culminates in a desire for relief too urgent to be easily resisted.

In treating male subjects, the effect of moral suasion is of paramount importance. If the patient be not so far gone as to be careless of his condition, there is little trouble in breaking up the habit, for, his confidence once gained, he will use his will power to assist, and though he may break over a number of times he will finally gain the mastery. But moral suasion is only a part of the treatment. This alone will not succeed where the habit has become established; local irritation must be soothed by effective and permanent measures. I make a practice in these cases of splitting the prepuce back behind the corona glandis; in other words, of performing Professor Howe's so-called circumcision operation. This relieves the tendency of the snug prepuce to tease the hyperesthetic glands. I have several times had my patients remark the relief from any disposition to masturbate as soon as this was done. But we have an irritable prostatic urethra also to deal with. A bulb-tipped urethral sound will discover this region hypersensitive, the ejaculatory ducts being probably mostly involved, and we should know, as this is a nervous center, it is important that undue excitement here be permanently calmed. For this purpose I find nothing to equal in efficacy the influence of the galvanic current. I use an instrument with the curve of a male urethral sound, with a metal terminal long enough to occupy the curve of the instrument, while the remainder is insulated. The positive pole may be attached to

this if there is not much narrowing of the passage, while the negative is held in the hand after the instrument is inserted. Better effects sometimes follow if the sponge is applied to the sacral and lumbar regions. Sometimes the negative pole in the urethra gives better satisfaction than the positive.

With such management many a young man who considers himself hopelessly doomed may be put upon a new track in a few weeks. The effect of electrolysis upon the urethra is surprising as regards the influence upon the general nervous system. Exhilaration of depressed spirits soon follows, and a load seems lifted from the mental sphere of the patient. The application should not be made more than twice a week, and once will usually suffice.

I am sorry to state that my experience with female masturbators does not permit me to propose a successful treatment. However, I have so much faith in what I have found successful in the male subject that I would try it here. Amputation of the nymphæ and clitoris should be followed by galvanization of the vagina and endometrium, and if there existed enough moral energy to inspire the patient to aid by an earnest effort to control depraved impulses, I am confident a cure could be accomplished in the majority of cases.

Medicines have little if any use here. The devotee of similia or of specific indications would find that drugs were truly "a drug in the market," unless to relieve some fancy existing in the mind of the patient.

Pulsatilla might modify an excessive fear of impending danger, salix nigra and kindred agents might control excessive venereal excitement, while hyoscyamus or stramonium might be applicable to cases of saturnine cerebral propensity; but when it comes to this the patient had better be in an insane asylum.

Sore Nipples.—It is strange how little common sense is used in the treatment of minor matters by the average scientific physician. The recent graduate has the diagnosis of the different presentations and positions, and the management of natural labor, and the various complications and emergencies of abnormal

labor, at his tongue's end; but not one in a hundred can manage a case of sore nipples successfully, simply because when left to his own resources, he goes to the books for a recipe, instead of using his brains; and if he ever learns how to succeed in so trifling an affair—not trifling to the sufferer, however—he must work out his own salvation. Such, at least, was the experience of the writer—later graduates may have had a different experience.

The early days of lactation are marked by undue engorgement of the breasts, and more than the normal amount of heat in them. The nipple is now, in addition to this increase of caloric, subject to the unwonted irritation of suckling. Between periods of nursing the breasts are warmly covered, and the nipples are pressed down into a heated bed of glandular structure, where fermentation of the mixture of milk and saliva from the child's mouth is soon inaugurated. No wonder that the nipples become sensitive and tender. Now comes the irrepressible, meddlesome old "granny" with her poultices, or her plasters, and if the tender nipples are not soon cooked to order, they are parboiled at least. And your regulation doctor knows about as much. Nitrate of silver applications, or kindred treatment, was his strong fortress until cocaine came along, an agent, by the way, which now frequently helps him out of a dilemma.

But score the old ladies as we will, some of them possess a thimbleful of brains. An old lady taught the writer how to manage sore nipples. She had no logic to advance, she knew what would do it, and that was worth much, even if her treatment was not founded on theory.

The remedy was homespun: A piece of leather strap, an inch wide and between two and three inches in length, was used to construct a cylinder, the ends being brought together and stitched. One of these was set over each nipple, incircling it, and confined there, preventing the clothing from pushing it backward into the heated breast. That was all, and nothing more, except a little attempt at cleanliness; and an exasperating case of sore nipples recovered in a few days. Locally Pond's extract, cocaine solution, phytolacca, or more especially the latter agent inter-

nally in small doses, would not be amiss, in fact might be a very acceptable addition; but what sore nipples need more than anything else is air.

Now I never have trouble with sore nipples if the patient will follow my advice. As soon as she can be up, I order a pair of glass nipple-shells, and instruct her to apply them and keep them in place by a suitably fitting waist. You may administer small doses of phytolacca if you choose It is scientific, for the drug possesses a special affinity for the mammary gland, or the mammary gland possesses an affinity for it, as you choose to put it; and when they meet, it is a congenial coming together if there be any inflammatory action present, the heated breast either becoming so strengthened as to return to a normal condition, or else the phytolacca walks in and throws the inflammatory action out of its domain, or else it sets up a new disease, which so occupies the attention of Mr. Inflammation that he has no more time to devote to the mammary gland. Help yourself to any theory you choose, so you "get there," and accomplish the work. I might mention, however, that the motto of the National Eclectic Medical Association is: "*Vires Vitales Sustinete.*"

EDITORIAL NOTES.

DR. CHARLES BAND left his card at the sanctum in April, while the editor was absent. We have no knowledge of his whereabouts, but hope he was well enough pleased with his impressions of our country to make his home with us. Come again.

THE present rage is glycerine per enema for habitual constipation. From one to one-half dram is injected, and retained until a copious fecal evacuation results. It is said to serve not only as a local lubricant relaxant and so vent, but also as a stimulator of the entire alimentary canal, aiding materially in relieving fecal impaction. At the worst it can hardly do any harm, and may serve to fill a long-felt want. Try it, and report to the JOURNAL.

ECHINACEA ANGUSTIFOLIA, since its introduction by Dr. Meyer, has been in great demand, to meet which Dr. Fearn had a supply sent out by express. Such has been the inquiry for it that a second lot had to be obtained. If the drug merits only one-half the praise given it, it will be a veritable bonanza.

HOMEOPATHISTS are elated over a discussion which has recently taken place between old-school medicine and the advocates of *similia* in the London *Times*. The occasion of the discussion was the removal of Dr. Millican from his position upon the staff of a certain hospital because he belonged to the staff of another hospital where homeopathic remedies were used. Old Hunkerism has evidently suffered from the discussion, as it always must when its narrowness of principles and poverty of therapeutical resources are exposed to public gaze.

"PERLEY'S REMINISCENCES" is the title to an attractive work in two volumes, by Ben: Perley Poore, who was an officer in Congress for fifty years and more, and who knew the ins and outs at our national capital for over sixty years. He knew all the notables of our governmental history from the time of John Quincy Adams' inauguration to that of Grover Cleveland's administration. These reminiscences contain much valuable historical information so related that its origin and true inwardness is better understood than as usually offered by the historian. The best thing about the work, however, is the amusing anecdotes of the great men of our Republic, as told in inimitable and elegant style by a leading journalist of the nineteenth century.

MISCELLANEOUS PARAGRAPHS.

SPECIAL ANNOUNCEMENT.—Wm. Hatteroth, having succeeded the firm of Hatteroth & Russ, desires to inform his patrons that he has made extensive additions to his establishment, and is now ready to furnish the best class of instruments at the lowest prices.

THE practice of medicine must be very disappointing to those who follow it chiefly for the acquisition of wealth. Whoever practices it in a commercial spirit debases the calling and degrades himself. As a French writer has truly said: "Medicine is the noblest of professions, but the meanest of trades."—*Dr. Cotting.*

JABORANDI IN ERYSIPELAS.—Since he has used jaborandi in erysipelas, Dr. Waugh considers that disease of little significance, having had no difficulty whatever with a case of it for two years. He gives twenty drops of the fluid extract every two hours, until perspiration sets in. If the erysipelas shows a tendency to recur, the use of the drug is resumed.

QUEBRACHO IN SURGICAL PRACTICE.—Dr. Bordeaux, of Brussels, who has used quebracho a good deal during the last year or two, speaks very highly of it as a topical application for wounds and

burns. The liquid extract is the preparation employed, and it is painted with a brush over the wound like collodion. The slight pain it causes is very transient; it becomes hard in an hour's time, forming a brownish crust, which can only be loosened with the aid of hot water. This crust is quite sufficient protection, no dressing being required. It promotes healing by first intention, and greatly assists the process of granulation.—*Lancet.*

AT the State Eclectic Medical Association of Tennessee, held April 10 and 11, in Nashville, the following resolution was adopted:—

"*Resolved*, That while the Tennessee State Eclectic Medical Society is in favor of elevating the standard of medical education, it is opposed to all class medical legislation as being prejudicial to the interests of the public.

"*Resolved*, That the Secretary of this society be instructed to address a communication to the Deans of the Faculties of the Eclectic medical colleges of Chicago, Cincinnati, St. Louis, New York, Atlanta, San Francisco and Detroit, asking them to adopt a high standard of education for students before being admitted to matriculation."

CAN A WOMAN CONCEIVE AFTER HAVING GONORRHŒA?—To this question propounded in the *Medical Brief*, a number of affirmative answers are, of course, given. Mr. James Ward Scott writes: "Assuredly; why not? Miss ——, aged eighteen, among my first calls, had a 'blooming case.' At twenty married a Baptist preacher; settled down in Virginia; *eight children.* Mrs. ——, widow, fell from grace journeying to St. Louis in sleeping-car; beautiful case. Married second time, and had *twins* eleven months after. Could give many more cases, but the two mentioned will answer. Every country doctor knows that gonorrhœa will not prevent conception."—*Medical Record.*

TWINS, ONE BLACK AND ONE WHITE.—Dr. Newton Hill, of Pickensville, Ala., sends to the *Medical and Surgical Reporter* the report of the following case: "A black negro girl, about eighteen years of age, gave birth to twins at seven months, one of which was as black as the *ace of spades* and the other as white as any white child I ever saw. This girl has been engaged as nurse in a white family a part of the year, but she has associated with both white and black. Both cords were attached to same placenta. Is this merely a freak of nature, or is it possible that they have different fathers? I would like to have the opinion of some of the brethren." A similar case is reported in Flint's "Physiology," and it is believed to illustrate the fact that there can be such a thing as superfecundation.—*Medical Record.*

WHAT CAUSES ARCUS SENILIS.—Everybody knows that arcus senilis is a white line or ring in the extreme margin of the cornea

of old people, but everybody does not know what the patholog ical condition is. From some unknown cause the margin of the cornea in old people often undergoes fatty degeneration, and becomes opaque. This is arcus senilis. Such a change in the cornea does not seem to interfere with its vitality. In making cataract operations we often have to make long cuts through the opaque part. These apparently heal about as certainly as cuts through the clear cornea. I have seen cases where the arcus covered more than half of the cornea. I have never know the very center of the cornea to become opaque from such changes.—*Dr. A. D. Williams, of St. Louis, in St. Louis Medical and Surgical Journal, Feb., 1888.*

THE DIAGNOSIS OF SMALL-POX.—At the onset of a papular eruption, it is often difficult to decide whether the case is one of measles or of small-pox. The following method is a certain means of determining by which of these diseases the eruption is produced: If, upon stretching a portion of the skin, the papulæ become impalpable to the touch, the eruption is caused by measles; if, on the contrary, the papulæ is still felt when the skin is drawn out, the eruption is the result of small-pox. This method of arriving at a diagnosis was discovered by M. Grisolle, and might well be designated as "Grisolle's sign." M. Ollivier states that, in modified small-pox, marked or slight fever, with suppuration, is always present. In variolous eruptions, even when these are confluent, the skin of the abdomen is the region which is least afflicted.—*Prof. Oliver, in the Sacramento Medical Times, February, 1888.*

DOGS IN RELATION TO HYDATID TUMORS.—Dr. Ollivier, in a communication on the subject of the relation between the *tænia echinococcus* of dogs and hydatid cysts in men, observes: "The number of hydatid cysts in a country is in direct proportion to the number of dogs." Facts seem to confirm this theory, for they show that there are more hydatid cysts in hill-districts than in the lowlands, in the country than in towns. The author cites several cases observed by him, in which the cyst was plainly traceable to previous intercourse with dogs, in patients fond of these animals. A long period, sometimes years, may elapse before the *echinococcus* develops itself, but the cause is none the less evident. Children are always fond of dogs, and like to play with them, and these pets are affectionate and caressing, and have a bad habit of licking; in this way the animal's tongue may prove a ready means of propagation of the eggs of tænia. It is also possible that they may be inhaled when, in very dry weather, these eggs are carried about by the wind. This would

explain certain cysts in the respiratory organs. The penetration into the human organism, however, generally takes place through the digestive organs, by means of salads, green vegetables, fruit and other aliments imperfectly cleaned; or by water from ponds, reservoirs, or wells contaminated by dogs resorting there to drink. The author points out the precautions which should be taken to diminish the danger of propagation of this parasite: Greater care in the choice and cleanliness in the preparation of certain articles of food; avoidance of unfiltered water, and particularly of stagnant water of any kind; and above all, less intimacy with dogs, particularly in the case of children, who should be carefully watched. He condemns altogether house-dogs of all kinds, as being a source of continual danger as regards the propagation of the eggs of *tænia echinococcus*.—*British Medical Journal.*

BOOK NOTICES.

ESSENTIALS OF CHEMISTRY AND TOXICOLOGY FOR THE USE OF STUDENTS IN MEDICINE. By R. A. Urtthaus, A. M., M. D. Second edition. Published by William Wood & Co., 56 and 58 Lafayette Place, New York.

This is one of the pocket manuals published by this house. It is a *multum in parvo* in its way, containing enough to prompt the medical student in almost any emergency where chemistry or toxicology is referred to.

LECTURES ON DISEASES OF THE HEART. Delivered at the College of Physicians and Surgeons, New York. By Alonzo Clark, M. D., LL.D.

This is one of Treat's medical classics. It compares favorably with the other works issued by this house. E. B. Treat, publisher, 771 Broadway, New York.

MODERN TREATMENT OF HEADACHES. By Allen McLane Hammond, M. D.

This is No. 6 of the Physicians' Leisure Library for 1887. Geo. S. Davis, publisher, Detroit, Michigan.